

Name in Full

Certificate of Death

Stephen Hadder Hadder  
 Town County  
 Died at Liberty Town - Worcester MARYLAND

Date 189 May 10 Month Day Y. M. D. Native of Occupation  
 Male White Married 20 Maryland  
 Female Colored Single Widower Number of children living 2

Husband  
 of  
 Wife

Father's Name Mother's Name

Cause of Death { Primary Paralyzed - 44 How long sick  
 Immediate Accident, Suicide, Homicide

Reported by Lewis J. Evans

Address undertaker Beck and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Les John, T. Thammur  
Chint R attended the cases

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDCatherine Hall  
Town

Died at Hagerstown

Date of death 1900

Month Oct

Day 9

Age 71

Years

Months

Days

MARYLAND

Sex Female

Color or  
Race ColoredBirth-  
place

Occupation Cook

Where Residing if not  
at place of deathMarried, Single  
or Widowed singleName of Wife or  
HusbandFather's  
Name UnknownFather's  
Birthplace UnknownMother's  
Maiden Name UnknownMother's  
Birthplace UnknownName of person giving  
Information Maria P. BrownHow related  
to deceased

Friend

## CAUSES OF DEATH

Primary

How long

Immediate

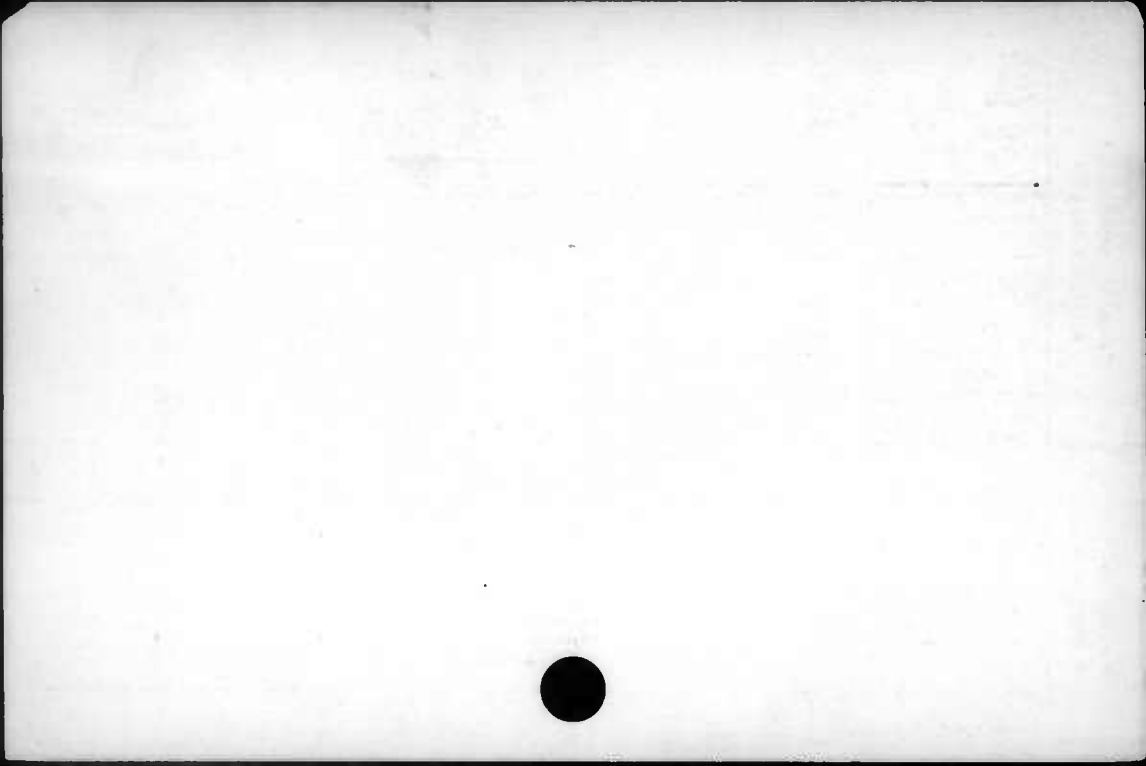
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name In Full

Certificate of Death

William Waverl Hamilton

Town

County

Franklin

Allegheny

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

June

22

Age

3

Male

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

W A Hamilton

Mother's

Name

Amenda F Hamilton

Cause of

Primary

Whooping cough

How long sick

Three weeks

Death

Immediate

Broncho pneumonia

Accident, Suicide, Homicide

Reported by

John F Dawson

Address

44 Abbott St. Piedmont  
W. Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78888

Attended by Dr.

JG Abbott

at

Piedmont Wm

Signed by

at

Information contained in this certificate  
received from

of

Name  
in  
Full

CERTIFICATE OF DEATH

Hattie Harden

Town

County

MARYLAND

Died at Hagerstown

Washington

Date  
of death 190

Month

Day

Age

Years

Months

Days

Sex  
Occupation

Female

Color or  
Race

Colored

Birth-  
place

Unknown

Where Residing if not  
at place of death

Married, Single  
or Widowed

Nama of Wife or  
Husband

Father's  
Nama

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of parson giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the nama, age, sex, color, data  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

*John Hardin*  
Town *Hagerstown*

County *Washington*

MARYLAND

Date  
of death 190

Month

Day

Age

Years

Months

Days

Sex *Male*

Color or  
Race *Colored*

Birth-  
place *Unknown*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name *Unknown*

Father's  
Birthplace *Unknown*

Mother's  
Maiden Name *Unknown*

Mother's  
Birthplace *Unknown*

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

THE UNIVERSITY OF CHICAGO  
PRESS



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |  |                                    |  |   |  |                                    |  |                           |  |            |  |
|--------------------------------------|--|------------------------------------|--|---|--|------------------------------------|--|---------------------------|--|------------|--|
| Name in Full <i>Elizabeth Harris</i> |  | Town <i>Pagerstown</i>             |  | County <i>Washington</i>                |  | MAYLAND                            |  |                           |  |            |  |
| Died at                              |  | Month                              |  | Day                                     |  | Years                              |  | Months                    |  | Days       |  |
| Date of death 190                    |  | Age                                |  | Sex <i>Female</i>                       |  | Color or Race <i>Colored</i>       |  | Birthplace <i>Unknown</i> |  | Occupation |  |
| Married, Single or Widowed           |  | Name of Wife or Husband            |  | Where Residing if not at place of death |  |                                    |  |                           |  |            |  |
| Father's Name <i>Unknown</i>         |  | Father's Birthplace <i>Unknown</i> |  | Mother's Maiden Name <i>Unknown</i>     |  | Mother's Birthplace <i>Unknown</i> |  | How related to deceased   |  |            |  |
| Name of person giving Information    |  |                                    |  |   |  |                                    |  |                           |  |            |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |                        |  |
|--|--|------------------------|--|
| Primary  |  | How long               |  |
| Immediate  |  | How long               |  |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician |  |
| Accident or Suicide  |  | Address                |  |

2172

100-100-100  
100-100-100



Name in Full

Certificate of Death

Rebecca Harris

New Town Wye Mills County 2 A Co

Died at

MARYLAND

Nov 21 Month Day

Y. M. D.

Native of

Occupation

Date 189

Age

82, 7 month

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Wife

Father's

Name

Jas Harris  
Shaebrook

Mother's

Name

141

Cause of

Primary

old age

Death

Immediate

How long sick

6 month

~~Accident, Suicide, Homicide~~

Reported by

her daughter

Address

Centerville Danvers & Whitey  
undertakers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1908

P. C. I. B4 no florician

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County B. A. Co.

Village or City Eastport (No. \_\_\_\_\_)

2 FULL NAME Mrs. Nancy Harrod

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Negro. 5 SINGLE, MARRIED, ☒ married, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH Unknown, 1862  
(Month) (Day) (Year)

7 AGE 32 yrs. \_\_\_\_ mos. \_\_\_\_ ds. or \_\_\_\_ min.?  
If LESS than 1 day \_\_\_\_ hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Anne Arundel Co

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) " "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Ridout M.D.

(Address) Annapolis, Md.

15 Filed \_\_\_\_\_ 192 \_\_\_\_\_ Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 20 Sept 1894  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from March 30 1894 to 20 Sept 1894

that I last saw him alive on \_\_\_\_\_, 192\_\_\_\_

and that death occurred on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH \* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. \_\_\_\_ ds.

Contributory Secondary Exhaustion

(Duration) yrs. 2 mos. \_\_\_\_ ds.

(Signed) John R. Ridout M. D.  
2104 \_\_\_\_\_ 1927 (Address) Annapolis, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, Recent Residents)

At place of death yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted. Unknown, if not at place of death?

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL \_\_\_\_\_, 19\_\_\_\_

20 UNDERTAKER Jas. S. Taylor ADDRESS Annapolis

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Brochopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemic" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Hæmition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a few questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

OCT 23 1927

BUREAU V. S.



Name in Full

Certificate of Death

Name in Full *Susan Fannie Hart*  
 Town *Emmettville* County *Washington Co.* MARYLAND  
 Died at *Emmettville, Washington Co.*  
 Date 189 *June* Month *8<sup>th</sup>* Day *25<sup>th</sup>* Y. M. D. Native of *Maryland,* Occupation  
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Single~~ ~~Widow~~ Number of children living  
 Husband of \_\_\_\_\_  
 Father's Name *A. F. Hart* Mother's Name *Susan Hart*  
 Cause of Death { Primary *Pulmonary Phthisis* How long sick *6 months*  
 Immediate *22 a* Accident, Suicide, Homicide  
 Reported by *Dr. J. P. Perry*  
 Address *Clearspring* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65062



Name  
in  
Full

Charles. L. Hartley

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Ellicott City<sup>County</sup> Balto.

MARYLAND

Date of death 1845

Month Feb.

Day 10

Age

Year 74

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Miller

Where Residing If not  
at place of deathMarried, Single  
or Widowed

Widower

Name of Wife or  
Husband

Hester Ann Caulk

Father's  
Name

William Hartley

Father's  
Birthplace

Penn.

Mother's  
Maiden Name

Tacy Buckman

Mother's  
Birthplace

Maryland

Name of person giving  
In formation

Emma L Bone

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Heart Trouble

How long

2 months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

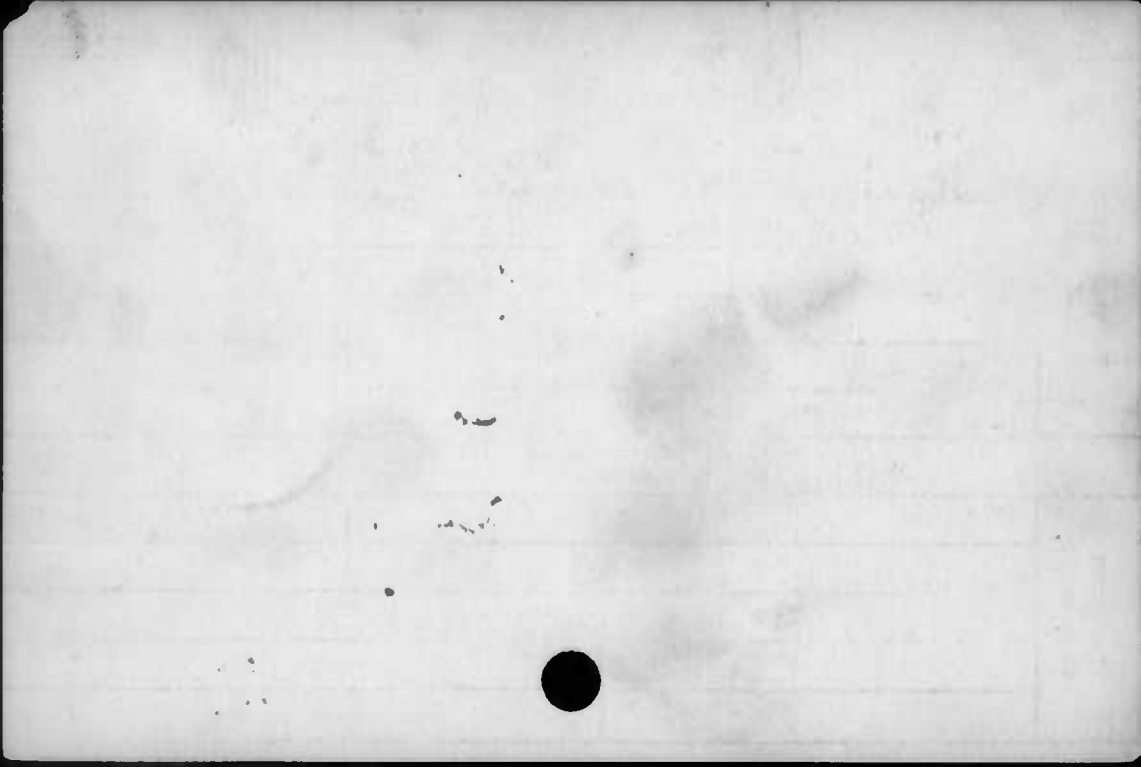
S. Hellsinger &amp; Son

Undertakers

Ellicott City Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

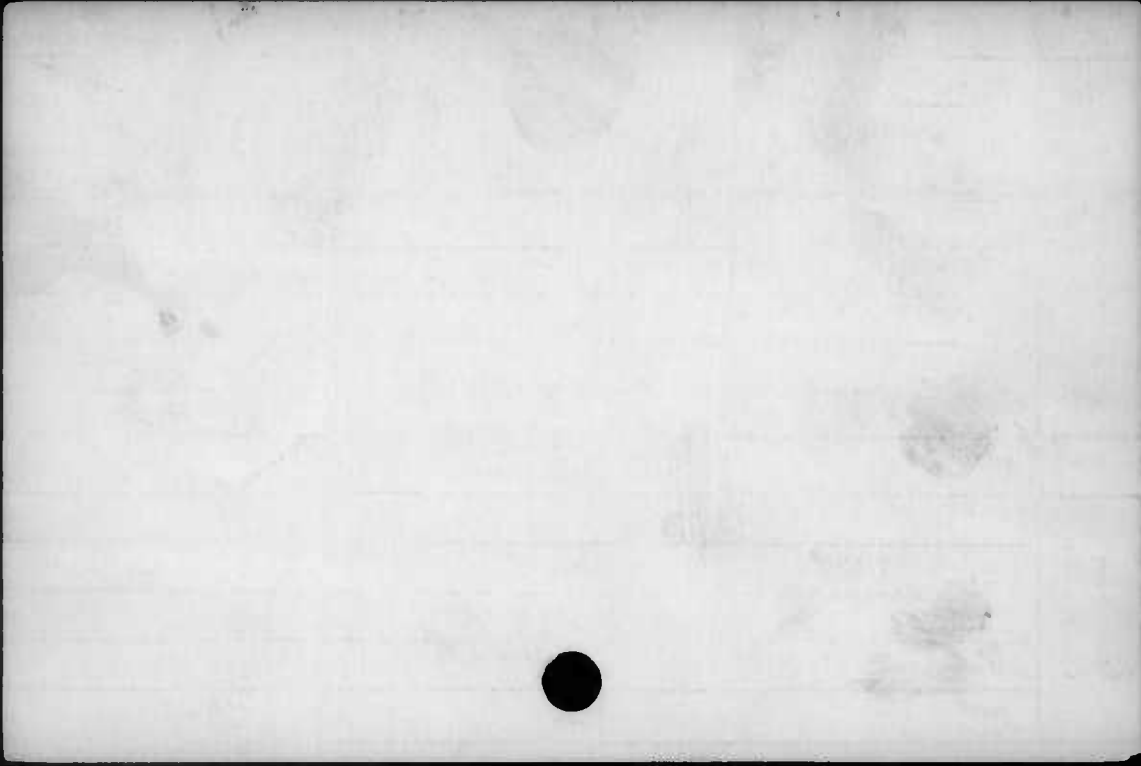
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |   |  |                               |  |                          |  |
|--|--|---|--|-------------------------------|--|--------------------------|--|
| Name<br><i>Hester Ann Hartley</i>                        |  | Town<br><i>Ellicott City</i>                          |  | County<br><i>Balto.</i>       |  | STATE<br><i>MARYLAND</i> |  |
| Died at<br><i>Ellicott City</i>                          |  | Date of death<br><i>Dec 21</i>                        |  | Age<br><i>32</i>              |  | Months<br><i>—</i>       |  |
| Sex<br><i>Female</i>                                     |  | Color or Race<br><i>White</i>                         |  | Birthplace<br><i>Maryland</i> |  | Days<br><i>—</i>         |  |
| Occupation<br><i>House wife</i>                          |  | Where Residing if not at place of death<br><i>—</i>   |  |                               |  |                          |  |
| Married, Single or Widowed<br><i>Married</i>             |  | Name of Wife or Husband<br><i>Charles. L. Hartley</i> |  |                               |  |                          |  |
| Father's Name<br><i>John R Caulk</i>                     |  | Father's Birthplace<br><i>Maryland</i>                |  |                               |  |                          |  |
| Mother's Maiden Name<br><i>not known</i>                 |  | Mother's Birthplace<br><i>not known</i>               |  |                               |  |                          |  |
| Name of person giving information<br><i>Emma L' Bone</i> |  | How related to deceased<br><i>Daughter</i>            |  |                               |  |                          |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                      |  |
|--|----------------------|--|
| Primary  | <i>Heart Trouble</i> | How long<br><i>79</i><br><i>Several years</i>        |
| Immediate  |                      | How long   |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i>           | Signature of Physician<br><i>S. Hilsinger</i>        |
|  |                      | Address<br><i>Undertakers.<br/>Ellicott City Md.</i> |
| Accident or Suicide  | <i>2</i>             |  |



Name in Full

Certificate of Death

Richard Harvey

72

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 19

Oct 17

Age

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

A. H. Hatcher

Female

Colored

Single

Widower

Number of children living

7

Husband of

Wife

Father's

Name

Mary C. Harvey

Mother's

Robert Harvey

Maiden Name

Eliza A. Hatcher

Cause of

Primary

How long sick

1 Week

Death

Immediate

179-161

~~Accident, Suicide, Homicide~~

Reported by

Address

John G. Mueller acting Coroner

216 O'Donnell St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898





Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~Husband  
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Benjamin J. Hastings  
 2<sup>d</sup> District  
 County Harford  
 Maryland

Month

Day

Y.

M.

D.

Native of

Occupation

Age 65

White

~~Colored~~~~Married~~

Single

Widow

~~Widower~~

Divorced

Number of children living

Mother's

Maiden Name

Primary

Immediate

Pneumonia

72

How long sick

few days

Accident, Suicide, Homicide



Name In Full

Certificate of Death

Paul Water

Town

County

Died at

4 M. Liberty Rd. Balto.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

2-13

Age

90-11

Germany Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband  
of

Wife

Fether's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Old Age

How long sick

141

Accident, Suicide, Homicide

Reported by

C. St. Craft Undertaker  
Pikesville

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

md.

LIBRARY BUREAU, 78998

Attended by Dr. *C. S. Ridgely*  
of *Balt. Co. Md.*

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate  
received from \_\_\_\_\_

*Dr. Certificate filed with*  
*Balt. City Health Board.*  
*C. H. Heft*

Name in Full *25858*

Certificata of Death

*Arthur Hanes*  
Town

County *Balt. Co*

MARYLAND

Died at *Hanover*

|          |                   |               |               |          |                           |                                     |
|----------|-------------------|---------------|---------------|----------|---------------------------|-------------------------------------|
| Date 189 | Month <i>Dec</i>  | Day <i>24</i> | Age <i>64</i> | Y. M. D. | Native of <i>Maryland</i> | Occupation <i>Fireman</i>           |
|          | Mala              | White         | Married       | Widow    | <del>Divorced</del>       |                                     |
|          | <del>Female</del> | Colored       | Single        | Widower  |                           | Number of children living <i>12</i> |

Husband of *Katie Hanes*

Father's Name *Unknown to me* Mother's Name *Unknown to me*

|                |           |                                     |           |  |                |
|----------------|-----------|-------------------------------------|-----------|--|----------------|
| Cause of Death | Primary   | <i>General debility</i>             | <i>73</i> | How long sick                          | <i>6 weeks</i> |
|                | Immediate | <i>Plumage with bloody effusion</i> |           | <del>Accident, Suicide, Homicide</del> |                |

Reported by *Dr J E Bunn*

Address *Brookville Maryland*

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or minister.

Attended by Dr.

*J E Benson*

of

*Georgetown*

Seen by Coroner

of

Information contained in this certificate received

from

of

Haynie Rott. B.  
 Town County

MARYLAND

Died at Catonsville

Balto

Date 189

Month Day

Y. M. D.

Native of

Occupation

Aug 15

Age 40

Va

Captain &amp; book

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of wife first name unknown  
 Wife

Father's

Mother's

Name Unknown

Name Unknown

Cause of Primary

Pneumonia

The patient had melancholia

How long sick

48 hours

Death Immediate

Failure of Respiration

Accident, Suicide, Homicide

Reported by Dr. R. F. Emory

Address Catonsville Md

17





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Benjamin Henry*  
Town

*Washington*  
County

MARYLAND

Died at *Hagerstown*

Date  
of death 190

Month

Day

Age

Years

Months

Days

Sex *Male*

Color or  
Race

*Colored*

Birth-  
place

*Unknown*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Unknown*

Father's  
Birthplace

*Unknown*

Mother's  
Maiden Name

*Unknown*

Mother's  
Birthplace

*Unknown*

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address



Accident or Suicide

PHYSICIAN  
OR CORONER



*Mary Henry*  
 Town County

Died at *Port Deposit*  *Cecil* MARYLAND

Date 19 *Aug 4* Age *44* Y. M. D. Native of Occupation  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name *John Henry* Mother's Maiden Name *Mellie Henry*

Cause of Death { Primary *Ischaemic Encephalitis* Immediate *105* How long sick *21 days* Accident, Suicide, Homicide

Reported by *Jane Griffin* *87*  
 Address *Port Deposit*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Goldie Hess

Town

County

Died at

Silver Run

Lernoll

MARYLAND

Date 189

Month · Day

May 17

Y.

M.

D.

Native of

Occupation

Age

10 8

Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Albert Hess

Mother's

Name

Mary Hess

Cause of

Primary

Measels

5

How long sick

1 month

Death

Immediate

Bronchopneumonia

Accident, Suicide, Homicide

Reported by

Dr J J Stewart

Address

Union Mills

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Hornett Hill

Town

County

Died at

Buckhorn

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Oct 26

Age

69

ma

Hornett

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Typhoid fever

How long sick

about 2 weeks

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

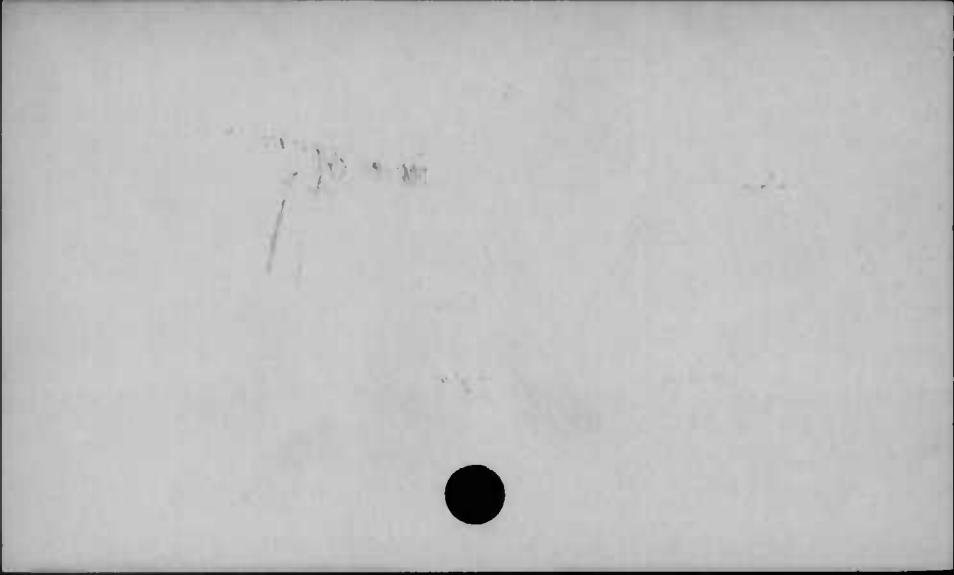
John - Murre

Address

Amund, ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Charles Hilyard

Town

County

Died at

Queenstown Queen Annes Co

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 28

Age 75

Idaho Hotel Keeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living One

Husband

of

Mary Cook

Wife

Father's

Name

Thomas Hilyard

Mother's

Name

Mary McKee

Cause of

Primary

Hemiplegia

Death

Immediate

How long sick

9 days

Accident, Suicide, Homicide

Reported by

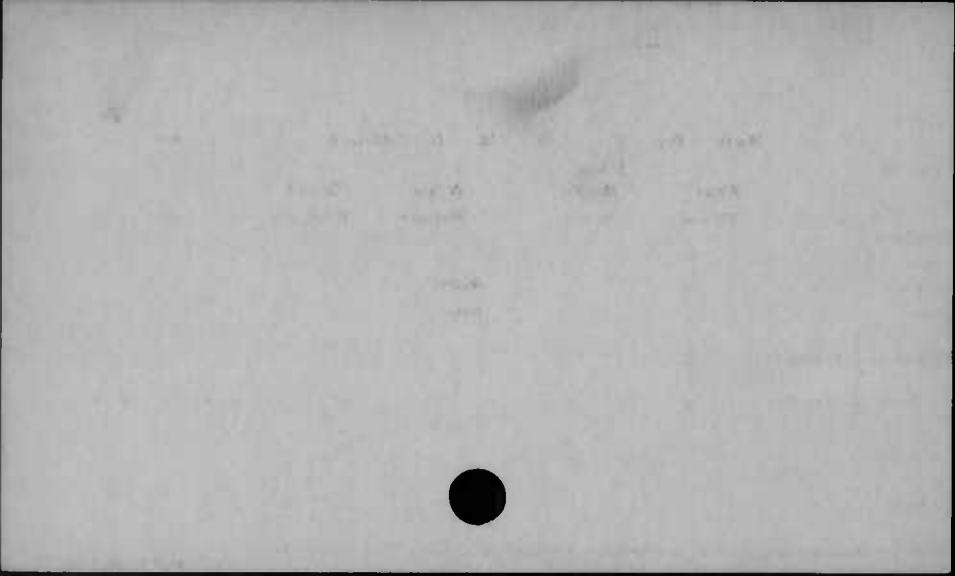
Charles Cooley

Address

Queenstown

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| Name in Full                        |  | Town |        |  |   | County |                        | CERTIFICATE OF DEATH |            |      |
|-------------------------------------|--|------|--------|--|---|--------|------------------------|----------------------|------------|------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at  |      | Date   |  | Month                                   | Day    | Age                    | Years                | Months     | Days |
|                                     | of death   |      | 1868   |  | for                                     | 16     | 91                     |                      |            |      |
|                                     | Sex  |      | female |  | Color or Race                           |        | white                  |                      | Birthplace |      |
|                                     | Occupation   |      |        |  | Where Residing if not at place of death |        |                        |                      |            |      |
|                                     | Married, Single or Widowed   |      | ✓      |  | Name of Wife or Husband                 |        |                        |                      |            |      |
|                                     | Father's Name  |      | ✓      |  | Father's Birthplace                     |        | ✓                      |                      |            |      |
|                                     | Mother's Maiden Name   |      | ✓      |  | Mother's Birthplace                     |        | ✓                      |                      |            |      |
|                                     | Name of person giving information                                    |      | ✓      |  | How related to deceased                 |        | ✓                      |                      |            |      |
| CAUSES OF DEATH                     |  |      |        |  |   |        |                        |                      |            |      |
| PHYSICIAN<br>OR CORONER             | Primary  |      |        |  |   |        | How long               |                      |            |      |
|                                     | Immediate  |      |        |  |   |        | How long               |                      |            |      |
|                                     | Are the name, age, sex, color, date and place correctly given above? |      |        |  |   |        | Signature of Physician |                      |            |      |
|                                     | Accident or Suicide?   |      |        |  |   |        | Address                |                      |            |      |

Received May 1, 1905.  
to do with  
J. V. H. H.

Alexander

Stollis

Town

County

Died at

Linwood

Dorchester

MARYLAND

Date 189

78.

Month

Day

7-7

Age

Y.

M.

D.

19.

Native of

Maryland

Occupation

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~~~Husband~~~~Wife~~

Father's

Name

Sam Stollis

Mother's

Name

Margarette Stollis

Cause of

Primary

Typhoid fever

How long sick

3 weeks

Death

Immediate

Congestion of Brain

~~Accident, Suicide, Homicide~~

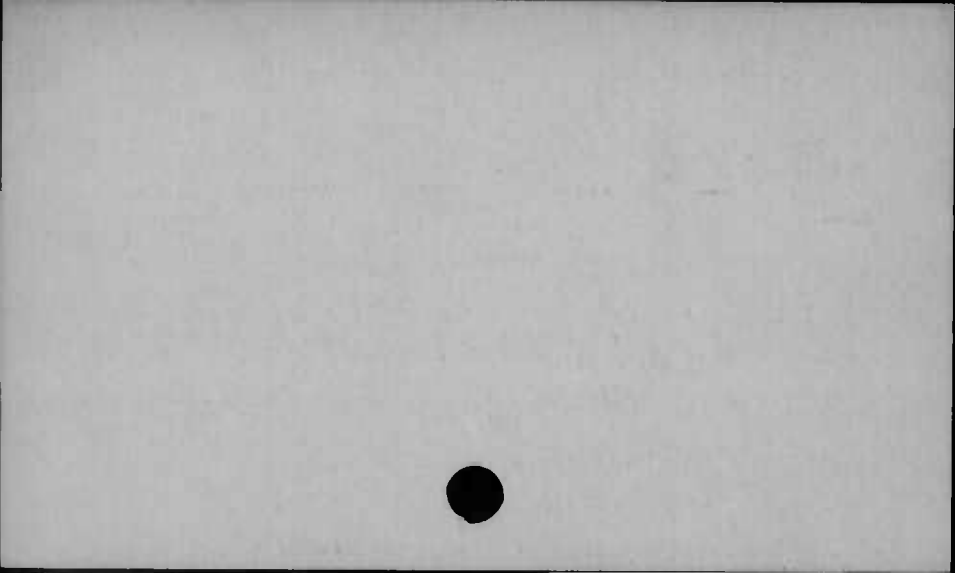
Reported by

Geo V. Jones

Address

East New Market Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 189

Husband  
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Susan.

Town

Hills

Month

Day

May

Age

67-1-12

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Holzville

County

Fredericks

Y.

M.

D.

Native of

Occupation

MARYLAND

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Susan.

Town

Hills

Month

Day

May

Age

67-1-12

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Susan.

Town

Hills

Month

Day

May

Age

67-1-12

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Susan.

Town

Hills

Month

Day

May

Age

67-1-12

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Susan.

Town

Hills

Month

Day

May

Age

67-1-12

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Susan.

Town

Hills

Month

Day

May

Age

67-1-12

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Susan.

Town

Hills

Month

Day

May

Age

67-1-12

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Susan.

Town

Hills

Month

Day

May

Age

67-1-12

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Susan.

Town

Hills

Month

Day

May

Age

67-1-12

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Susan.

Town

Hills

Month

Day

May

Age

67-1-12

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Susan.

Town

Hills

Month

Day

May

Age

67-1-12

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Susan.

Town

Hills

Month

Day

May

Age

67-1-12

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Susan.

Town

Hills

Month

Day

May

Age

67-1-12

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Attended by Dr.

*None*

of

Seen by Coroner

of

Information contained in this certificate received from

*Son of Lee John. Holbush*  
of *Albia, Ind*



Name

is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                       |                              |                         |  |          |  |
|--|--|-----------------------|------------------------------|-------------------------|--|----------|--|
| Died at <i>Bare Hill Sitterlonga</i>                     |  | Town <i>Bare Hill</i> |                              | County <i>Baltimore</i> |  | MARYLAND |  |
| Date of death <i>19</i>                                  | Month <i>Jan.</i>  | Day <i>17</i>         | Years <i>96</i>              | Months                  |  | Days     |  |
| Sex <i>Male</i>  | Color or Race <i>white</i>   |                       | Birth-place <i>not known</i> |                         |  |          |  |
| Occupation <i>School Teacher</i>                         | Where Residing if not at place of death <i>Bare Hill Sitterlonga</i> |                       |                              |                         |  |          |  |
| Married, Single or Widowed <i>Single</i>                 | Name of Wife or Husband <i>None</i>                                  |                       |                              |                         |  |          |  |
| Father's Name <i>not known</i>                           | Father's Birthplace <i>not known</i>                                 |                       |                              |                         |  |          |  |
| Mother's Maiden Name <i>not known</i>                    | Mother's Birthplace <i>not known</i>                                 |                       |                              |                         |  |          |  |
| Name of person giving information <i>Miss Clara Hook</i> | How related to deceased <i>Niece</i>                                 |                       |                              |                         |  |          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>Old age</i>   | How long                                      |
| Immediate  | How long                                      |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Dr. J. J. J. J.</i> |
|  | Address <i>Barlington</i>                     |
| Accident or Suicide  |   |

Family ~~Letter~~ ~~Letter~~  
Family Counciling  
Bone Hill  
Mt Washington

removed to.

Grand Ridge Cemetery

John Brown Lane  
Tucson.

Sept. 26<sup>th</sup> 1946

Name

In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| Name<br>In Full<br><i>John J. Hook</i>                             |  | Town<br><i>Bare Hill Mt. Washington</i>                                       |  | County<br><i>Bald.</i>   |  | MARYLAND                                       |  |
| Died at<br><i>Bare Hill Mt. Washington</i>                         |  | Month<br><i>Oct</i>   |  | Day<br><i>14</i>   |  | Age<br><i>82</i>                               |  |
| Date<br>of death<br><i>1880</i>                                    |  | Month<br><i>Oct</i>   |  | Day<br><i>14</i>   |  | Age<br><i>82</i>                               |  |
| Sex<br><i>Male</i>   |  | Color or<br>Race<br><i>white</i>  |  | Birth-<br>place<br><i>Conn.</i>                                    |  | Months<br>—                                    |  |
| Occupation<br><i>Carpenter</i>                                     |  | Where Residing if not<br>at place of death<br><i>Bare Hill Mt. Washington</i> |  | Name of Wife or<br>Husband<br><i>none</i>                          |  | Married, Single<br>or Widowed<br><i>Single</i> |  |
| Father's<br>Name<br><i>not known</i>                               |  | Mother's<br>Maiden Name<br><i>not known</i>                                   |  | Father's<br>Birthplace<br><i>not known</i>                         |  | Mother's<br>Birthplace<br><i>not known</i>     |  |
| Name of person giving<br>In formation<br><i>Miss Clara F. Hook</i> |  | How related<br>to deceased<br><i>Daughter</i>                                 |  | Name of person giving<br>In formation<br><i>Miss Clara F. Hook</i> |  | How related<br>to deceased<br><i>Daughter</i>  |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |   |  |
|---|--|---|--|
| Primary<br><i>Slow. Poison</i>  |  | How long<br>—   |  |
| Immediate<br>—  |  | How long<br>—   |  |
| Are the name, age, sex, color, date<br>and place correctly given above?<br><i>Yes</i> |  | Signature of<br>Physician<br><i>Dr. Chas. G. Hill</i> |  |
| —   |  | Address<br><i>Arlington</i>                           |  |
| Accident or Suicide?  |  |   |  |

John Burns Jones  
Tucson.

Dr. Vincent - Cross.  
Franklin Cemetery.  
Rose Hill Mt Washington

to

Druid Ridge  
Cruz.

Sept. 26<sup>th</sup> 1910

Name  
in  
Full

Mary A. Hook

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                       |                       |                         |        |          |  |
|---|--|-----------------------|-----------------------|-------------------------|--------|----------|--|
| Died at <i>Bare Hill</i>                                    |  | Town <i>Bare Hill</i> |                       | County <i>Baltimore</i> |        | MARYLAND |  |
| Date of death <i>1890</i>                                   | Month <i>Jan.</i>  | Day <i>23</i>         | Age <i>91</i>         | Years                   | Months | Days     |  |
| Sex <i>Female</i>   | Color or Race <i>white</i>                               |                       | Birthplace <i>Md.</i> |                         |        |          |  |
| Occupation <i>House wife</i>                                | Where Residing if not at place of death <i>Bare Hill</i> |                       |                       |                         |        |          |  |
| Married, Single or Widowed <i>Married</i>                   | Name of Wife or Husband <i>Endogee Hook</i>              |                       |                       |                         |        |          |  |
| Father's Name <i>Thomas Watts</i>                           | Father's Birthplace <i>North River</i>                   |                       |                       |                         |        |          |  |
| Mother's Maiden Name <i>Lidia Watts</i>                     | Mother's Birthplace <i>England</i>                       |                       |                       |                         |        |          |  |
| Name of person giving information <i>Miss Clara E. Hook</i> | How related to deceased <i>Daughter</i>                  |                       |                       |                         |        |          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <i>Apoplexy</i>  | How long                                     |
| Immediate  | How long                                     |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>D. Irish Bowen</i> |
|  | Address <i>Mt. Washington</i>                |
| Accident or Suicide?   |  |

Let my Name Live  
Forever.

Dissemination - For our  
Family Cemetery.

Have Hill Mt Washington

to

Francis Pease  
Cemetery

Sept. 26<sup>th</sup> 1910

Name  
in  
Full

Madolgh. Hook

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                   |                        |        |        |          |  |
|---|--|-------------------|------------------------|--------|--------|----------|--|
| Died at <i>Bare Hill Mt. Washington</i>                     |  | Town <i>Balls</i> |                        | County |        | MARYLAND |  |
| Date of death <i>1877</i>                                   | Month <i>June</i>  | Day <i>13</i>     | Age <i>79.</i>         | Years  | Months | Days     |  |
| Sex <i>Male.</i>  | Color or Race <i>white</i>                               |                   | Birth-place <i>md.</i> |        |        |          |  |
| Occupation <i>Farmer</i>                                    | Where Residing if not at place of death <i>Bare Hill</i> |                   |                        |        |        |          |  |
| Married, Single or Widowed <i>Married</i>                   | Name of Wife or Husband <i>Mary E. Hook</i>              |                   |                        |        |        |          |  |
| Father's Name <i>Not known</i>                              | Father's Birthplace <i>Not known.</i>                    |                   |                        |        |        |          |  |
| Mother's Maiden Name <i>Not known</i>                       | Mother's Birthplace <i>Not known.</i>                    |                   |                        |        |        |          |  |
| Name of person giving information <i>Miss Clara E. Hook</i> | How related to deceased <i>Daughter</i>                  |                   |                        |        |        |          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>Supposed Cancer</i>                                       | How long  |
| Immediate  | How long  |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Dr. Chas. G. Hill</i> |
|  | Address <i>Arlington</i>                        |
| Accident or Suicide?   |   |

My Dear Mrs  
Tolson.

Discontinue from  
Family Cemetery

Have this with Washington

to  
Grand Ridge Cemetery

Sept 26<sup>th</sup> 1910





John Brown & Co  
Tons on.

Disbursement - 1200.

Family Counciling

Rose Hill at Washington

18.

Grand Ridge  
Counciling

Sept. 26<sup>th</sup> 1810

Name

in  
Full

## CERTIFICATE OF DEATH

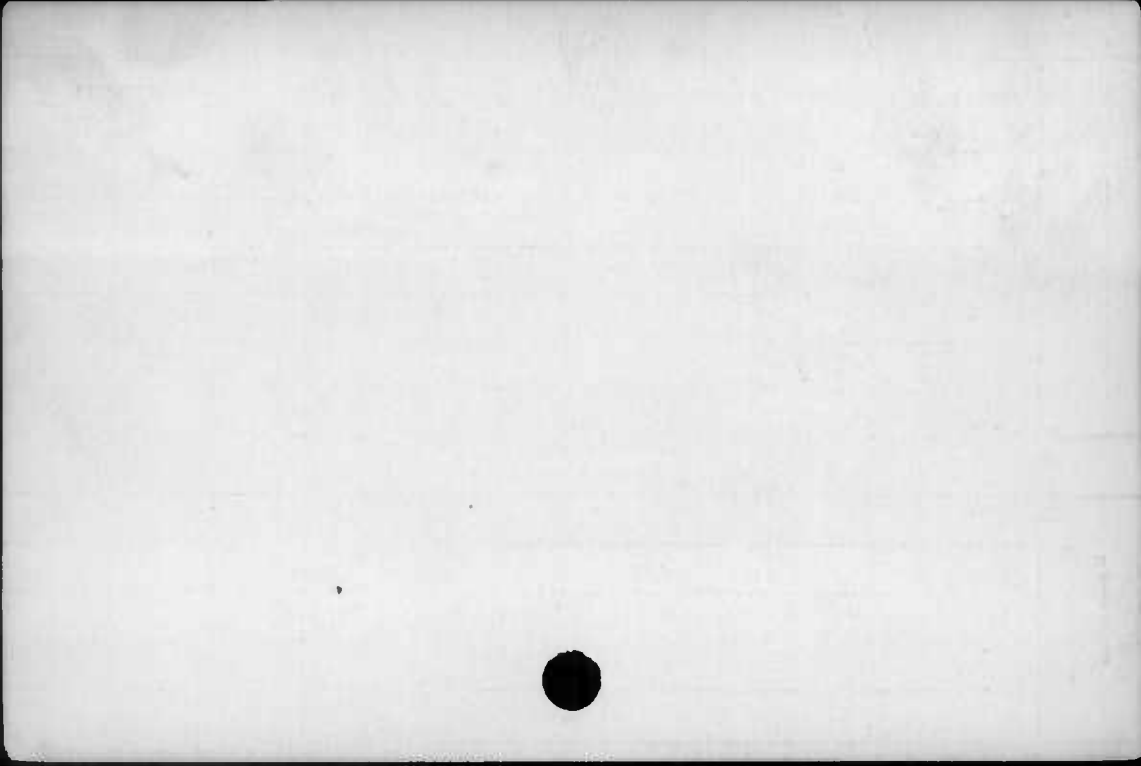
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                         |                        |              |   |           |          |          |
|-----------------------------------|-------------------------|------------------------|--------------|---|-----------|----------|----------|
| Died at <i>Hagerstown</i>         |                         | Town <i>Washington</i> |              | County                                  |           | MARYLAND |          |
| Date of death                     | <i>Aug 1</i>            | Month                  | <i>1</i>     | Day                                     | <i>3</i>  | Age      | <i>2</i> |
| Sex                               | <i>Male</i>             | Color or Race          | <i>White</i> | Birth-place                             | <i>MD</i> | Years    | <i>3</i> |
| Occupation                        |                         |                        |              | Where Residing if not at place of death |           |          |          |
| Married, Single or Widowed        |                         |                        |              | Name of Wife or Husband                 |           |          |          |
| Father's Name                     | <i>Wm Haver</i>         |                        |              | Father's Birthplace <i>MD</i>           |           |          |          |
| Mother's Maiden Name              | <i>Agnes D. Hinegan</i> |                        |              | Mother's Birthplace <i>MD</i>           |           |          |          |
| Name of person giving information | <i>Agnes D. Haver</i>   |                        |              | How related to deceased <i>Mother</i>   |           |          |          |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |                        |                   |
|--|---|------------------------|-------------------|
| Primary  | <i>Infantile Disease, exact nature not remembered</i> | How long               |                   |
| Immediate  | <i>not remembered</i>                                 | How long               |                   |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i>  | Signature of Physician | <i>J. V. Seou</i> |
|  |   | Address                | <i>Hagerstown</i> |
| Accident or Suicide?   |   |                        |                   |



|  |  |                      |                                   |   |            |                      |                            |
|--|--|----------------------|-----------------------------------|---|------------|----------------------|----------------------------|
| Name in Full   |  | Daniel Kaepps Horine |                                   |   |            | CERTIFICATE OF DEATH |                            |
| TO BE ANSWERED BY<br>NEAREST FRIEND                  | Died at  |                      | Town<br>Williamsport              | County<br>Washington Co                 |            | MARYLAND             |                            |
|  | Date of death  | 8 1899               | Month<br>July                     | Day<br>15                               | Years<br>4 | Months<br>7          | Days<br>23                 |
|  | Sex  | Male                 |                                   | Color or Race                           | White      |                      | Birthplace<br>Williamsport |
|  | Occupation   |                      |                                   | Where Residing if not at place of death |            |                      |                            |
|  | Married, Single or Widowed   |                      |                                   | Name of Wife or Husband                 |            |                      |                            |
|  | Father's Name<br>H J Horine  |                      |                                   | Father's Birthplace<br>Leavetown Mo     |            |                      |                            |
|  | Mother's Maiden Name<br>Maria Kaepps                                 |                      |                                   | Mother's Birthplace<br>Williamsport     |            |                      |                            |
| Name of person giving information<br>E J Middlekumff |  |                      | How related to deceased<br>Sister |   |            |                      |                            |
| CAUSES OF DEATH                                      |  |                      |                                   |   |            |                      |                            |
| PHYSICIAN<br>OR CORONER                              | Primary  |                      |                                   | How long                                |            |                      |                            |
|  | Immediate  |                      |                                   | How long                                |            |                      |                            |
|  | Are the name, age, sex, color, date and place correctly given above? |                      |                                   | Signature of Physician                  |            |                      |                            |
|  |  |                      |                                   | Address                                 |            |                      |                            |
|  | Accident or Suicide?   |                      |                                   |   |            |                      |                            |



Name  
In  
Full

## CERTIFICATE OF DEATH

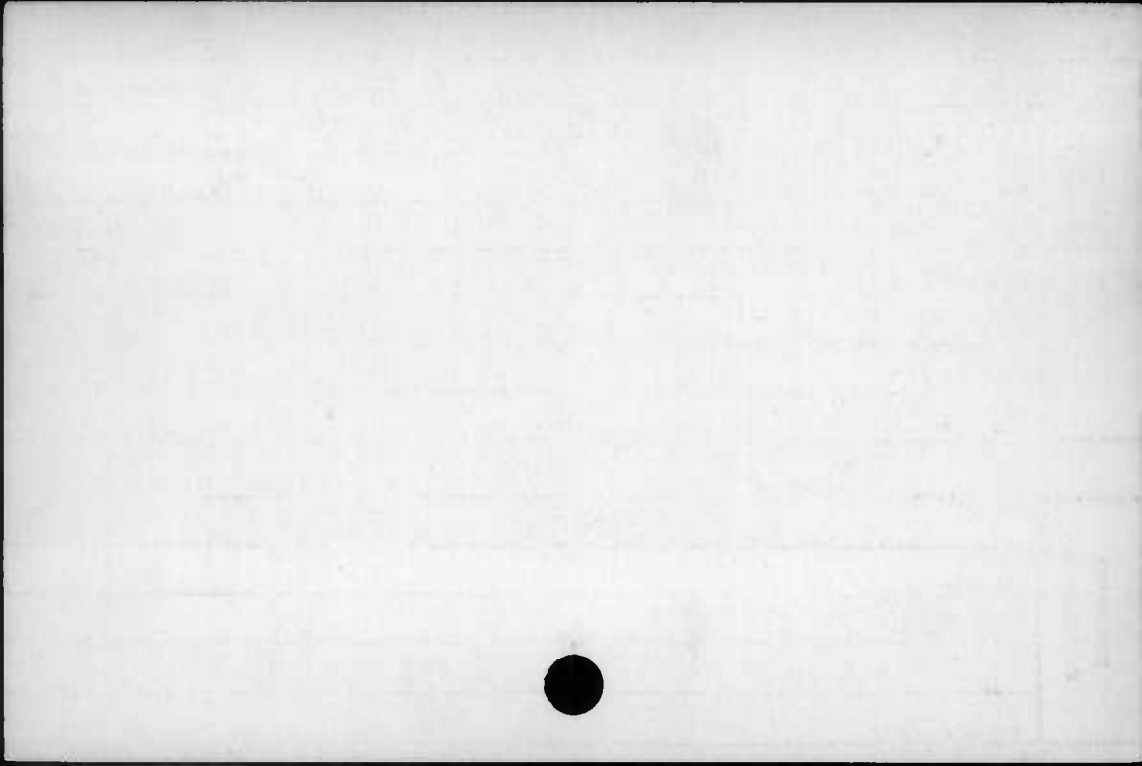
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                            |  |   |  |               |  |              |  |                |  |
|---|--|----------------------------|--|---|--|---------------|--|--------------|--|----------------|--|
| Name <i>John Luther Horine</i>                              |  |                            |  |   |  | TOWN          |  | COUNTY       |  | MARYLAND       |  |
| Died at   |  | <i>Williamsport</i>        |  | <i>Washington</i>                       |  |               |  |              |  |                |  |
| Date of death   |  | <i>1849</i>                |  | Month <i>July</i>                       |  | Day <i>15</i> |  | Age <i>7</i> |  | Years <i>2</i> |  |
| Sex <i>Male</i>   |  | Color or Race <i>White</i> |  | Birthplace <i>Williamsport</i>          |  |               |  |              |  |                |  |
| Occupation  |  |                            |  | Where Residing if not at place of death |  |               |  |              |  |                |  |
| Married, Single or Widowed                                  |  |                            |  | Name of Wife or Husband                 |  |               |  |              |  |                |  |
| Father's Name <i>W. A. Horine</i>                           |  |                            |  | Father's Birthplace <i>Blaine town</i>  |  |               |  |              |  |                |  |
| Mother's Maiden Name <i>Maria Kaefer</i>                    |  |                            |  | Mother's Birthplace <i>Williamsport</i> |  |               |  |              |  |                |  |
| Name of person giving information <i>E. J. Middlekampff</i> |  |                            |  | How related to deceased <i>Sister</i>   |  |               |  |              |  |                |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |                        |  |
|--|--|------------------------|--|
| Primary <i>Scarlet fever</i>   |  | How long               |  |
| Immediate  |  | How long               |  |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician |  |
|  |  | Address                |  |
| Accident or Suicide?   |  |                        |  |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |   |  |  |  |                     |  |
|--|--|---|--|--|--|---------------------|--|
| Name in Full<br><i>Maria Kapp Horine</i>           |  | Town<br><i>Williamsport</i>                                 |  | County<br><i>Washington</i>                |  | MAYLAND             |  |
| Died at<br><i>Williamsport</i>                     |  | Month<br><i>April</i>                                       |  | Day<br><i>12<sup>th</sup></i>              |  | Years<br><i>34</i>  |  |
| Date of death<br><i>1847</i>                       |  | Month<br><i>April</i>                                       |  | Day<br><i>12<sup>th</sup></i>              |  | Age<br><i>34</i>    |  |
| Sex<br><i>Female</i>                               |  | Color or Race<br><i>White</i>                               |  | Birth-place<br><i>Williamsport</i>         |  | Months<br><i>5</i>  |  |
| Occupation   |  | Where Residing if not at place of death                     |  | Days<br><i>12</i>                          |  |                     |  |
| Married, Single or Widowed<br><i>Married</i>       |  | Name of Wife or Husband<br><i>Henry J Horine</i>            |  | Father's Birthplace                        |  | Mother's Birthplace |  |
| Father's Name<br><i>Michael Kapp</i>               |  | Name of Wife or Husband<br><i>Henry J Horine</i>            |  | Father's Birthplace                        |  | Mother's Birthplace |  |
| Mother's Maiden Name<br><i>Maria Kapp Schaffer</i> |  | Name of person giving information<br><i>EG Middlekampff</i> |  | How related to deceased<br><i>Daughter</i> |  |                     |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                        |
|--|------------------------|
| Primary  | How long               |
| Immediate<br><i>Pneumonia</i>  | How long               |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
|  | Address                |
| Accident or Suicide?   |                        |



Name  
in  
Full

## CERTIFICATE OF DEATH

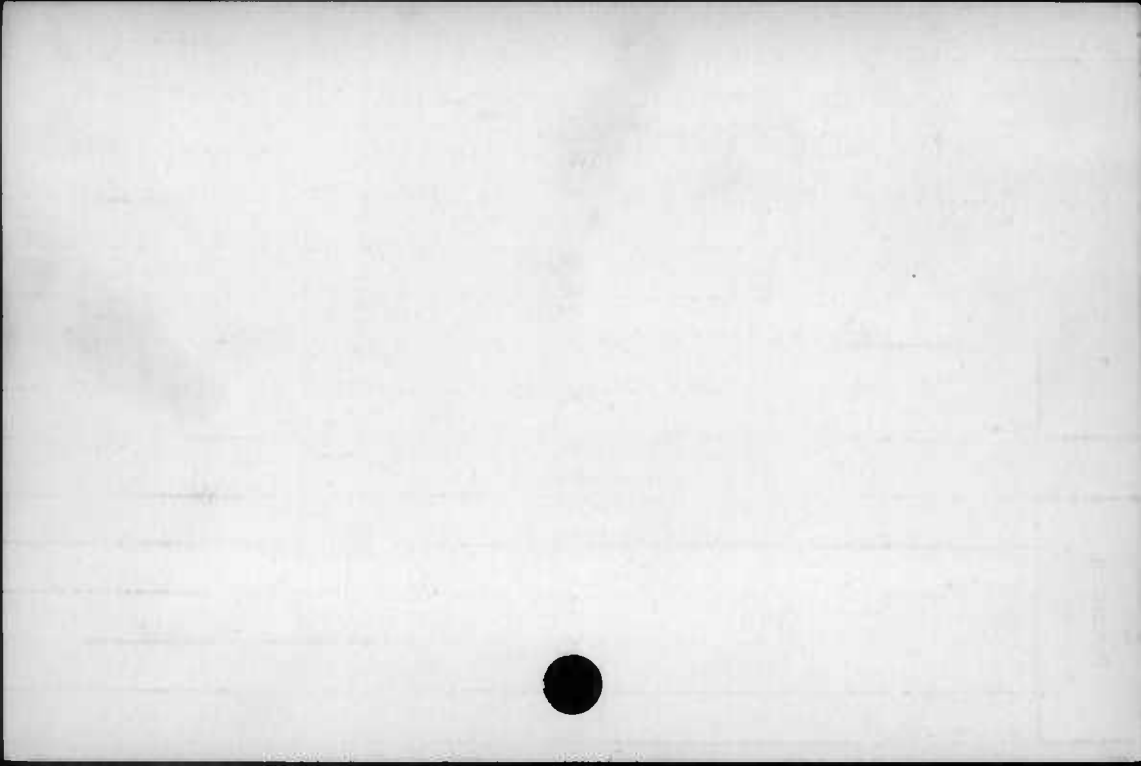
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                               |  |  |  |                   |  |
|---|--|-------------------------------|--|--|--|-------------------|--|
| Name in Full<br><i>Sarah Elizabeth Gleasine</i>             |  | Town<br><i>Williamsport</i>   |  | County<br><i>Washington</i>                |  | MARYLAND          |  |
| Died at<br><i>Williamsport</i>                              |  | Month<br><i>July</i>          |  | Day<br><i>19</i>                           |  | Years<br><i>9</i> |  |
| Date of death<br><i>1849</i>                                |  | Months<br><i>6</i>            |  | Days<br><i>4</i>                           |  |                   |  |
| Sex<br><i>Female</i>  |  | Color or Race<br><i>White</i> |  | Birth-place<br><i>Williamsport</i>         |  |                   |  |
| Occupation  |  |                               |  | Where Residing If not at place of death    |  |                   |  |
| Married, Single or Widowed                                  |  |                               |  | Name of Wife or Husband                    |  |                   |  |
| Father's Name<br><i>Wm A Gleasine</i>                       |  |                               |  | Father's Birthplace<br><i>Lawton</i>       |  |                   |  |
| Mother's Maiden Name<br><i>Maria Kaepf</i>                  |  |                               |  | Mother's Birthplace<br><i>Williamsport</i> |  |                   |  |
| Name of person giving information<br><i>E J Middlekauff</i> |  |                               |  | How related to deceased<br><i>Sister</i>   |  |                   |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                        |
|--|------------------------|
| Primary<br><i>Scarlet Fever</i>                                      | How long               |
| Immediate  | How long               |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
|  | Address                |
| Accident or Suicide?   |                        |



Name  
in  
Full

Bessie May Hoover

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Hagerstown* <sup>County</sup> *Washington* **MARYLAND**

Date of death *1880* <sup>Month</sup> *2* <sup>Day</sup> *15* <sup>Age</sup> *1* <sup>Years</sup> *22* <sup>Months</sup> *1* <sup>Days</sup> *22*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Wm H Hoover*Father's  
Birthplace*Md*Mother's  
Maiden Name*Agnes B Finegan*Mother's  
Birthplace*Md*Name of person giving  
Information*Agnes B Hoover*How related  
to deceased*Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Infantile Disease exact*

How long

Immediate

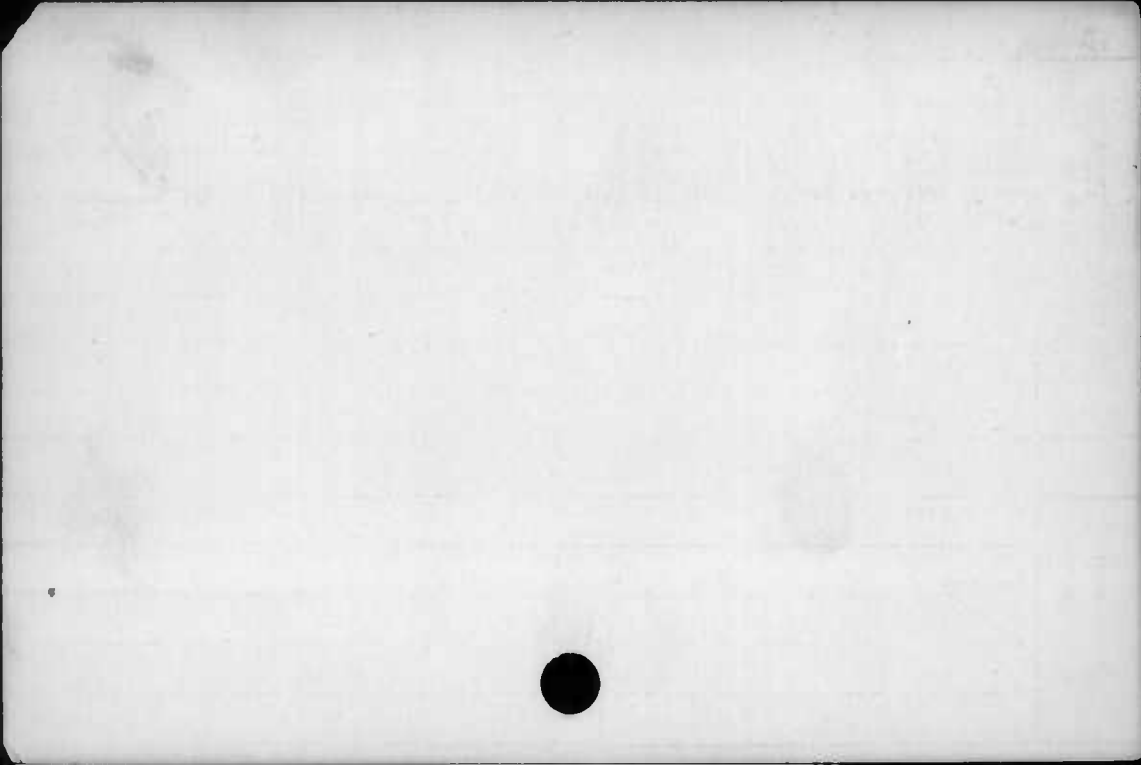
*nature not remembered*

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*M P Scott  
Hagerstown*~~Accident or Suicide?~~



Name  
in  
Full

Agnes Howard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

|                                   |  |               |     |   |        |      |
|-----------------------------------|--|---------------|-----|---|--------|------|
| Died at                           |  | Town          |     | County                                  |        |      |
| Date of death                     |  | Month         | Day | Years                                   | Months | Days |
| 1845                              |  | Dec           | 27  | 41                                      | ✓      | ✓    |
| Sex                               |  | Color or Race |     | Birthplace                              |        |      |
| Female                            |  | white         |     | Ind                                     |        |      |
| Occupation                        |  |               |     | Where Residing if not at place of death |        |      |
| Married, Single or Widowed        |  |               |     | Name of Wife or Husband                 |        |      |
| Father's Name                     |  |               |     | Father's Birthplace                     |        |      |
| Mother's Maiden Name              |  |               |     | Mother's Birthplace                     |        |      |
| Name of person giving information |  |               |     | How related to deceased                 |        |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                        |
|--|------------------------|
| Primary  | How long               |
| Immediate  | How long               |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
|  | Address                |
| Accident or Suicide?   |                        |

Received May 1, 1905  
to dinner to J. H. Howard.



Name  
in  
Full

Charlolle Howard-

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

|                                   |        |       |      |   |        |        |            |       |
|-----------------------------------|--------|-------|------|---|--------|--------|------------|-------|
| Died at                           |        |       | Town |   | County |        |            |       |
| Date of death                     | 1809   | Month | DEC  | Day                                     | 29     | Age    | 37         | Years |
|                                   |        |       |      |   |        | Months |            | Days  |
| Sex                               | Female |       |      | Color or Race                           | white  |        | Birthplace | Ind - |
| Occupation                        |        |       |      | Where Residing if not at place of death |        |        |            |       |
| Married, Single or Widowed        |        |       |      | Name of Wife or Husband                 |        |        |            |       |
| Married                           |        |       |      | wife of Edward Howard -                 |        |        |            |       |
| Father's Name                     |        |       |      | Father's Birthplace                     |        |        |            |       |
| Mother's Maiden Name              |        |       |      | Mother's Birthplace                     |        |        |            |       |
| Name of person giving Information |        |       |      | How related to deceased                 |        |        |            |       |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                           |
|--|---------------------------|
| Primary  | How long                  |
| Immediate  | How long                  |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician    |
|  | A. F. H. G. onuch         |
|  | Address                   |
|  | Ford Ind Reg              |
|  | Issued to Dr. G. G. G. G. |
| Accident or Suicide?   |                           |

Deared to winter

May 1, 1905.

J. G. W. S.

Name  
in  
Full

Edward Howard

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date 1854  
of death 190

Month

Sept-

Day

29

Age

Years

79

Months

✓

Days

✓

Sex  
Occupation

Male

Color or  
Race

white

Birth-  
place

Ind -

Where Residing If not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

J. F. D. Grunich

Address

Fork Ind Reg-

Died 4 D winter

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Seemed to die in the

May 1, 1905.  
J. S. St. R.



Dearest to dinner  
May 1, 1905.  
J. F. X. A.

William E. Hoyle.

Town

County

Aquasco

Prince George's

MARYLAND

Died at

Date 1897

Month

Day

Y.

M.

D.

Native of

Occupation

5

17

Age

34

Maryland

Farmer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

~~Number of children living~~

Husband of

~~Wife~~

Father's

William L. Hoyle

Mother's

Name

Name

Susan A. Hoyle

Cause of

Primary

Chronic Mania 46

How long sick

6 months

Death

Immediate

Asphyxiation

~~Accident, Suicide, Homicide~~

Reported by

M. Randolph Latimer.

Address

Aguasco,

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Jessie Hudson.

Not named

Town

County

Died at

Near Elkton Rail

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Nov

2

Age

2

America

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mary Hobson

Mother's

Name

Mattie Hudson

Cause of

Primary

How long sick

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

W B Hart

Undertaker

Address

Elkton

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 65265

Dr. J. E. Allen  
Dover, N. H.

Minnie Huff

County

Montgomery

MARYLAND

Died at

Bethesda

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Aug. 24

Age

1 10

Maryland

✓

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

✓

Father's

Name

John Huff

Mother's

Name

Henrietta

Cause of

Primary

Enterocolitis

How long sick

6 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Jno. L. Lewis M.D.

Address

Bethesda Montg. Co. Md.



Name in Full ✓

Certificate of Death

Jessie Hughes

Town

Bucktown

County

Dorchester

MARYLAND

Died at

| Date 19           | Month            | Day                | Age | Y. | M. | D. | Native of | Occupation                |
|-------------------|------------------|--------------------|-----|----|----|----|-----------|---------------------------|
|                   | August           | 17                 | 77  | 1  | 3  |    | Wid       | Labour                    |
| Male              | <del>White</del> | <del>Married</del> |     |    |    |    | Widow     | Divorced                  |
| <del>Female</del> | Colored          | Single             |     |    |    |    | Widower   | Number of children living |

none

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

83 106

Cause of

Primary

Bowel complaint

How long sick

Four days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. W. Meredith

Address

Bucktown

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name

in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mr Knode Hassler Humrichouse*

Died at *Funkstown* *Washington* *MARYLAND*

Date of death *19 1871* Month *April* Day *20* Age *9* Years *9* Months *9* Days *9*

Sex *Male* Color or Race *White* Birth-place *Funkstown*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *C. P. Humrichouse* Father's Birthplace *Hagerstown*

Mother's Maiden Name *Amelia Knode* Mother's Birthplace \_\_\_\_\_

Name of person giving information *Mrs. B. M. Diehl* How related to deceased *Sister*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Convulsions* How long \_\_\_\_\_

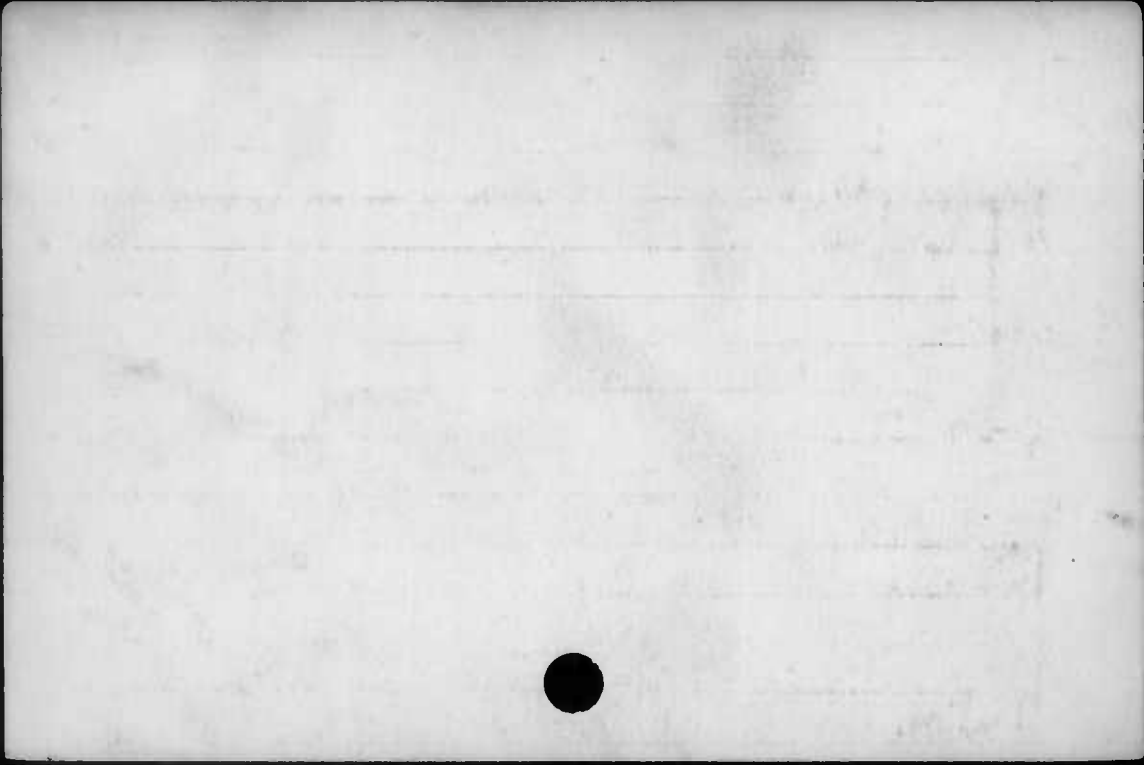
Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Address \_\_\_\_\_

Accident or Suicide? \_\_\_\_\_





Saeig Looms

Almsbury

MARYLAND

Died at

Almsbury

Town

Cecil

County

Date 189

Month

Day

Nov 19

Y.

M.

D.

Age

79

Native of

Cecil

Occupation

Hammock

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of  
WifeFather's  
NameMother's  
Name

Cause of

Primary

Cancer

25-9

How long sick

2 years

Death

Immediate

~~Assault, Suicide, Homicide~~

Reported by

Burialkeeper

Address

N. Linn



